



**County of San Bernardino
2003 Old and Grand Prix Fires Neighborhood Debris Removal Program
909-387-4ASH**

**FORM 4 – NOTICE TO INSURANCE COMPANY
AUTHORIZATION TO PAY COSTS**

This form will notify your insurance company of your intent to participate in the neighborhood Debris Removal Program. Further, this form authorizes your insurance company to release funds on your behalf to pay the costs related to the clean up of your property, upon its receipt of the final Agreement to Participate.

TO: _____
(Name of Insurance Agent or Adjuster)

(Insurance Company Name and Address)

Fax Number of Agent or Adjuster: _____

RE: Claim No. _____

Site Address: _____

I/we _____, the owners of the property commonly identified as _____, in the
(physical street address)

unincorporated area of the County of San Bernardino area known as _____ do hereby provide Notice of Intent to participate in the County of San Bernardino's Neighborhood Debris Removal Program.

Upon your receipt of our Agreement to Participate, we authorize you to release funds necessary for us to participate in the program per the specifications of program participation and our policy.

Signature: _____ Date: _____

FOR MORE INFORMATION, PLEASE CALL 387-4ASH AND ASK TO SPEAK TO A DEBRIS COORDINATOR.